

INFRASTRUCTURE REVIEW APPLICATION

PROJECT NAME: _____		DATE: _____	
LEGAL ADDRESS: _____		TOWNSHIP: _____	
OWNER/DEVELOPER INFORMATION		DESIGN FIRM INFORMATION:	
COMPANY NAME: _____		COMPANY NAME: _____	
ADDRESS: _____		ADDRESS: _____	
CITY, STATE, ZIP: _____		CITY, STATE, ZIP: _____	
CONTACT PERSON: _____		CONTACT PERSON: _____	
PHONE: _____		PHONE: _____	
E-MAIL: _____		EMAIL: _____	
AS OWNER OR AN AUTHORIZED REPRESENTATIVE, I AGREE TO PAY FOR ALL FEES INCURRED FOR THE BELOW REQUESTED REVIEWS			
CONTACT PERSON: _____			
PHONE: _____		FAX: _____	
EMAIL: _____			
PRINT NAME, TITLE: _____		SIGNATURE: _____	
<input type="checkbox"/> STORMWATER PERMIT		\$32 APPLICATION FEE	
		#DRN _____	
<input type="checkbox"/> \$514 REGULAR REVIEW FEE (FIRST 3 HOURS) <input type="checkbox"/> \$301 ACCELERATED REVIEW FEE (PER HOUR)			
USE:		TYPE:	
1. <input type="checkbox"/> NON-RESIDENTIAL		1. <input type="checkbox"/> NEW STRUCTURE	
2. <input type="checkbox"/> SUBDIVISION		2. <input type="checkbox"/> NON-BUILDING STRUCTURE	
3. <input type="checkbox"/> OTHER:		3. <input type="checkbox"/> ACCESSORY STRUCTURE	
		4. <input type="checkbox"/> TEMPORARY STRUCTURE	
		5. <input type="checkbox"/> ADDITION	
		6. <input type="checkbox"/> RESTORATION OF DAMAGE	
		7. <input type="checkbox"/> LAND OR WATERCOURSE ALTERATION	
PROJECT INFORMATION:			
SITE SQUARE FOOTAGE:		TOTAL ACRES DISTURBED: _____	
<input type="checkbox"/> UNDER 1000 SQ. FT. <input type="checkbox"/> OVER 1000 SQ. FT.		ACREAGE OF IMPERVIOUS AREA(S): _____	
		TOTAL ACREAGE OF SITE: _____	
<input type="checkbox"/> FLOOD REVIEW*		\$32 APPLICATION FEE	
		#FLD _____	
<input type="checkbox"/> \$514 REGULAR REVIEW FEE (FIRST 3 HOURS) <input type="checkbox"/> \$301 ACCELERATED REVIEW FEE (PER HOUR)			
USE:		TYPE:	
1. <input type="checkbox"/> NON-RESIDENTIAL		1. <input type="checkbox"/> NEW STRUCTURE	
2. <input type="checkbox"/> SUBDIVISION		2. <input type="checkbox"/> NON-BUILDING STRUCTURE	
3. <input type="checkbox"/> COMMUNITY ACKNOWLEDGEMENT		3. <input type="checkbox"/> ACCESSORY STRUCTURE	
4. <input type="checkbox"/> OTHER:		4. <input type="checkbox"/> TEMPORARY STRUCTURE	
		5. <input type="checkbox"/> ADDITION	
		6. <input type="checkbox"/> RESTORATION OF DAMAGE	
		7. <input type="checkbox"/> MOBILE STRUCTURE	
		8. <input type="checkbox"/> LAND OR WATERCOURSE RESTORATION	
		9. <input type="checkbox"/> MOBILE STRUCTURE	
		10. <input type="checkbox"/> MAINTENANCE/REPAIR	
		11. <input type="checkbox"/> ALTERATION/REMODEL	
<input type="checkbox"/> TRANSPORTATION REVIEW		\$32 APPLICATION FEE	
		#STC _____	
<input type="checkbox"/> \$514 REGULAR REVIEW FEE (FIRST 3 HOURS) <input type="checkbox"/> \$301 ACCELERATED REVIEW FEE (PER HOUR)			
<input type="checkbox"/> PUBLIC STREETS <input type="checkbox"/> PRIVATE STREETS <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> SUBDIVISION <input type="checkbox"/> SIDEWALKS ONLY* (*NO REVIEW FEE REQUIRED)			
<input type="checkbox"/> DRIVEWAY REVIEW		\$32 APPLICATION FEE	
		#DRV _____	
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL			
# OF ACCESSES REQUESTED:	STREET CLASSIFICATION:	PROPOSED DRIVE MATERIAL:	TYPE OF ACCESS (WORK):
	<input type="checkbox"/> THOROUGHFARE <input type="checkbox"/> COLLECTOR <input type="checkbox"/> LOCAL	<input type="checkbox"/> CONCRETE <input type="checkbox"/> ASPHALT <input type="checkbox"/> STONE	<input type="checkbox"/> NEW <input type="checkbox"/> WIDEN/MODIFICATION <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ABANDONMENT
APPROXIMATE # OF VEHICLES TO USE DRIVEWAY PER DAY: _____		# OF COMMERCIAL TRUCKS PER DAY: _____	
# OF PASSENGER VEHICLES PER DAY: _____		TOTAL VEHICULAR TRAFFIC PER DAY: _____	